

OCCR-1 GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF CITIZEN COMPLAINT REVIEW 730 11th Street, N.W., Suite 500 Washington, D.C. 20001 (202) 727-3838 CITIZEN COMPLAINT FORM				1. OCCR Control Number <i>To Be Completed by OCCR Staff</i>		
				2. Day, Date & Time Complaint Received <i>To Be Completed by OCCR Staff</i>		
				3. MPD Control System Number <i>To Be Completed by OCCR Staff</i>		
4. How Complaint Was Received: <i>To Be Completed by OCCR Staff</i> In Person <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> U.S. Mail <input type="checkbox"/> MPD <input type="checkbox"/> Other <input type="checkbox"/> Specify:						
5. Complainant's Name - Last, First, Middle			6. Date of Birth	7. Age	8. Sex	9. Race, National Origin or Ethnicity
10. Home Address				11. D.C. Ward (if resident)	12. Home Telephone Number	
13. Work Address			14. Occupation		15. Work Telephone Number	
16. Other Means of Contacting Complainant (cell phone or pager number, e-mail address, friend, etc.)			17. General Nature of Incident			
18. Location of Incident			19. D.C. Ward (where incident occurred)			
20a. Day of Week Incident Occurred	20b. Date of Incident	20c. Time of Incident	21. Witnesses			
22. Officers Involved (name, badge number, police district, if known)					23. MPD Vehicle Number/Description	
24. Physical Description(s) of Officer(s) (hair and eye color, height, sex, race/ ethnicity, etc.)						
25a. Describe Injuries (if any)			25b. Where Treated (name of hospital, doctor, etc.)			
26. Preferred Language of Communication (if other than English)						

27. Name(s), Telephone Number(s) or Contact Information *(of other people present during the incident, including other police officers)*

RVA DL 7/01

(Please continue on the reverse side)

OCCR-1 (Reverse Side)

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